State of Alaska Department of Commerce, Community, and Economic Development **Division of Occupational Licensing** Alaska Board of Public Accountancy P.O. Box 110806 Juneau, Alaska 99811-0806 (907) 465-3811 E-mail: license@commerce.state.ak.us Website: www.commerce.state.ak.us/occ.htm **CPA PARTNERSHIP REGISTRATION AND** PERMIT TO PRACTICE Nonrefundable Application Fee 50.00 Make Checks Payable Initial License Fee \$ 135.00 to the State of Alaska \$ 185.00 TOTAL We hereby make registration for a permit to practice as a partnership of certified public accountants. Firm Name: Address: _ Street City ZIP Code State Daytime Telephone Number: If the answer is "yes" to any of the questions below, please estimate the number of engagements annually. Approximate Number of Engagements Annually Does your firm perform: YES NO Governmental Audits 2. Other Audits 3. Reviews 4. Compilations We certify, in accordance with AS 08.04.240(a), that: 1. At least one general partner is a certified public accountant of Alaska in good standing. 2. Each resident manager in charge of an office of our firm in Alaska and each partner personally engaged in Alaska in the practice of public accounting as a member of our firm is a certified public accountant or public accountant in good standing and holds a valid permit to practice in Alaska. Each partner is a certified public accountant in good standing in a state. We understand that if there is any change in partners, the Department of Commerce, Community, and Economic Development, Division of Occupational Licensing, must be notified within 30 days of that change.

Names and Certificate Numbers of Partners Holding Alaska Certificates

Title

Certificate Number

Name

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	Name	Title	State	Certificate Nu	mber	
RC	PFESSIONAL FITNESS (AS 08.04.480) - 7	The following questions mus	t be answered:	Yes	No	
	Have you or any partner ever been convicte	ed of any criminal offense, o	ny criminal offense, other than nded Imposition of Sentence),			
	minor traffic violations (convictions include under the laws of any state or of the United	Suspended Imposition of Se States?				
-	Have you or any partner ever had your certificate, license or permit to practice public accountancy suspended, revoked or otherwise acted upon by any licensing board?					
	Have you or any partner ever had your cert accountancy denied renewal in any state for required fee in that state?	or any cause other than failu	re to pay a			
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E-mail: license@commerce.state.ak.us Website: www.commerce.state.ak.us/occ.htm

VERIFICATION OF NONRESIDENT CPA PARTNERSHIP

Part I

Instruction to Applicant: Type or print the information needed to complete Part I of this form. If you are a nonresident partnership, please have the state in which you established original licensure as a partnership complete this form. Upon completion of Part II, the state agency must return the form directly to the Division of Occupational Licensing.

completion	of Part II, the state agen	icy must return the	form directly to the Divisior	of Occupation	nal Licensing.	•	
Name of Pa	artnership:						
Mailing Add	dress:						
Daytime Te	elephone Number:			_			
Signature:			Date Signed:				
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Part II							
the informa	tion requested below, an of the page. The verific	d return the form cation is not to be re	o practice with the Alaska E directly to the Division of eturned to the applicant. I approximately the same info	Occupation I lieu of this f	al Licensing at the	address	
Licensee's	Name as Shown on you	r Records:					
License #:							
Original Issue Date:			Current Expiration Date:				
Status:	Current	☐ Inactive	☐ Lapsed		Other:		
Have Partn	ers met your state's Cor	ntinuing Education F	Requirements?	☐ Yes	☐ No		
List deroga	tory information, if any _						
(BOARD SEAL)			Signature:				
			Printed Name:				
Return to: Division of Occupational Licensing P.O. Box 110806, Juneau, AK 99811-0806			Title:				
			Jurisdiction:				
			Date:				